SBI APPLICANT UNDERSTANDING AND AGREEMENT FORM

8-1-06

Prospective Applican	NT:				
1				, SSN	
PRINT Last Name	First	Middle	Maiden	, 0011	
have applied for a position as a and accept the following condition		with the North C	Carolina State	Bureau of Investigation. I un	derstand
I must be a responsible personal integrity.	le and law-abid	ding citizen of	the United S	states with high moral chara	cter and
I must be at least twenty	v-one years of	age within the r	ecruitment tim	ne period (job posting period).	
I must have a four-year Regional Accreditation Associat		resident college	or university	certified by one of the six Nat	ional
I must have, or be eligib	le for, a valid N	orth Carolina D	river's Licens	е.	
If selected, I will be a completion of the SBI Special A Office will be administered.				status which will require so duation ceremony where the	
I may be required to extended periods of time.	accept permai	nent and/or te	mporary assi	gnments anywhere and any	ytime for
I may be required to trav	el and be away	y from my resid	ence on assig	nment.	
I may be required to w pursuant to the Partial Overtime in this sworn law enforcement hours within a 28-day work pe Investigations Unit and they earn	Exemption of Sposition will be riod. The only	Section 207(K) subject to over y exception is	of the Fair La	nsation only after having wo	mployees rked 171
I must successfully con employment polygraph evaluation drug screening.				igation, fingerprint record ch nt, medical examination and (
I must be willing to carry own life or the life of someone e				eadly force, if warranted, to probable hould circumstances dictate.	
As a Field Agent, upor location in North Carolina based present residence. I am subject	upon the need	ls of the SBI. I	understand th		from my
As a Field Agent, I will burglary, arson, drugs, undercov	•	ccept assignme	ents in any are	ea of criminal investigations, h	nomicide,
As a Field Agent, I may	be required to v	work undercove	er assignments	S.	
Assignment to specialize	ed units may cr	eate additional	work requiren	nents.	
Signature of Ap	plicant			Date	

Form HR-2